

**S.C. DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL****Bureau of Radiological Health****2600 Bull Street****Columbia, SC 29201****Telephone: (803) 545-4400 FAX: (803) 545-4412****REPORT OF SALE or INSTALLATION OF X-RAY EQUIPMENT****No Equipment sold or installed this month: _____****Date: _____****Reg. #: 00-_____****Vendor's Name: _____****Address: _____****Tel. No.: _____ FAX No.: _____**

FDA Form 2579 Control Number	Facility's Registration Number	Room Number or Location	Facility's Name and Address Where Equipment is Installed	Manufacturer, Model, and Serial Number of Control	New Or Used	Type of Equipment	Shielding Plan Log Number

Signature: _____